

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Maurice "Mo" Troop					
STREET ADDRESS 2109 June St.					
CITY ERIE		STATE PA	ZIP CODE 16510		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY	City Council			Democrat	MO. DAY YEAR 05 18 2021
2ND FRIDAY PRE-PRIMARY	DAYS OF REPORTING PERIOD				FOR OFFICE USE ONLY
<input checked="" type="checkbox"/>	MO. DAY YEAR 05 01 2021 TO 05 03 2021				2021 MAY -7 PM 3:13 ERIE COUNTY VOTER REGISTRATION
30 DAY POST-PRIMARY	CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0		
6TH TUESDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0		
2ND FRIDAY PRE-ELECTION	AMENDMENT REPORT?		YES	NO	
30 DAY POST-ELECTION	TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>
ANNUAL REPORT					

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

MAURICE  
 ↓

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
 DAY OF May 2021  
 Signature: [Signature]  
 MY COMMISSION EXPIRES 4-3-23  
 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT  
Maurice Troop  
 PRINTED NAME  
Maurice Troop  
 AREA CODE 814 DAYTIME TELEPHONE NUMBER 602-5375

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
 DAY OF \_\_\_\_\_ 20\_\_\_\_  
 SIGNATURE OF CANDIDATE \_\_\_\_\_  
 PRINTED NAME \_\_\_\_\_  
 AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_

